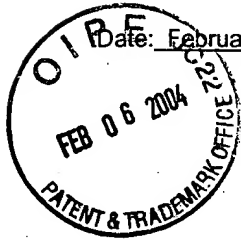


I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:



Date: February 6, 2004

By:

Sandy Reisman
Sandy Reisman

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: EDWARD BALASSANIAN
APPLICATION No.: 09/963,780
FILED: SEPTEMBER 25, 2001
FOR: **METHOD AND SYSTEM FOR DATA
METERING**

EXAMINER: JAMES S. MCCLELLAN
ART UNIT: 3627
CONF. No: 9160

Transmittal of Amendment in Response to Restriction Requirement

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

1. Transmitted herewith are the following:

- ☒ Amendment in Response to Restriction Requirement.
- ☒ Petition for Two-Month Extension of Time.
- ☐ Terminal Disclaimer.
- ☐ Sequence Listing printout, floppy diskette, matching declaration.
- ☐ Information Disclosure Statement, Form PTO-1449 (modified), References.
- ☒ Check in the amount of \$210.00.

2. Entity Status

- ☒ Small Entity Status (37 C.F.R. § 1.9 and § 1.27) has been previously claimed.

3. Conditional Petition for Extension of Time:

Applicant petitions for an Extension of Time, if necessary, for timely submission of this transmittal and enclosures.

RECEIVED

FEB 18 2004

GROUP 3600

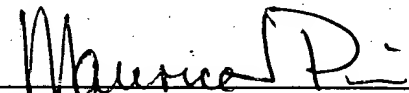
4. Fee Calculation and Payment

| For: | (Col. 1) No. Filed | (Col. 2) No. Extra | Small Entity | | | Other Than a Small Entity | |
|--|--------------------------|--------------------------|--------------|----------|----|------------------------------|-----|
| | | | Rate | Fee | | Rate | Fee |
| Total Claims | 19 - 30 | 0 | x \$ 9 = | \$0.00 | or | x \$ 18 = | \$ |
| Independent Claims | 2 - 4 | 0 | x \$43 = | \$0.00 | or | x \$ 86 = | \$ |
| <input type="checkbox"/> Multiple Dependent Claim Presented | | | + \$145 = | \$ | or | + \$290 = | \$ |
| <input checked="" type="checkbox"/> Extension of Time Fee | | | | \$210.00 | | | \$ |
| *If the difference in Col. 1 is less than zero, enter "0" in Col. 2. | | | TOTAL | \$210.00 | or | TOTAL | \$ |

5. Provisional Fee Authorization

Please charge any underpayment in fees for timely filing of this transmittal and enclosures to Deposit Account No. 50-0665.

Respectfully submitted,
Perkins Coie LLP


Maurice J. Pirio
Registration No. 33,273

Correspondence Address:

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(206) 359-8000